#### **Inventor Information**

Inventor One Given Name:

Family Name:

Name Suffix:

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Postal Address Line Two

City:

State or Province: Postal or Zip Code:

Citizenship Country:

Inventor One Given Name:

Family Name:

Name Suffix:

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## **Application Information**

Title Line One:

Title Line Two:

Title Line Three:

**Total Drawing Sheets:** 

Formal Drawings?:

METHODS FOR TREATING DISORDERS OF NEURONAL DEFICIENCY WITH BONE

MARROW-DERIVED CELLS

0

N/A

Application Type: Docket Number:

Utility 286002021300

Representative Information

Representative Customer Number:

25226

# **Continuity Information**

This application is a: > Application One:

Filing Date:

non-provisional of 60/247,128 November 10, 2000

which is a: >>Application Two: Filing Date:

which is a: >>>Application Three: Filing Date:

### **Prior Foreign Applications**

Foreign Application One: Filing Date: Country: Priority Claimed: